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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents									
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be illed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of									
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and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record									
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	re /Kevin D. Wills/				Date J			anuary 8, 2008	
Name	Kevin D. Wills			Telepho			one (425) 882-6603		
itle	Patent Counsel collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (ar								
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This collection of information is required by 37 CFR 13.1, 13.2 and 13.3. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentality is governed by 35 US. C.12 and 37 CFR.11 and 11.4.1. This collection is explored to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or surgestions for reducing this burden, should be sent to the fine finding to U.S. Papartment of Commerce, P.O. Box 1450, Alexandria, VA. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TOT: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.